



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION VI SITE NUMBER (to be assigned by HQ) 00817

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Pennwalt Corp. - Lucidol Division		B. STREET (or other identifier) 18000 Crosby E. Gate Rd.	
C. CITY Crosby TX0043750512	D. STATE TX	E. ZIP CODE 77532	F. COUNTY NAME Harris
G. OWNER/OPERATOR (if known) 1. NAME William Connelley - Plant Manager (person to contact first) R.A. Schwab - President		2. TELEPHONE NUMBER 713/328-3561	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Chemical manufacturers of organic peroxides and azo compounds. On-site, WDW 122 is used to dispose of nonhazardous wastewater. Inorganic sludge is sent off site.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt List		K. DATE IDENTIFIED (mo., day, & yr.) 11-20-79	
L. PRINCIPAL STATE CONTACT 1. NAME Daniel L. Scheppers		2. TELEPHONE NUMBER 512/475-1344	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN Activity has interim status under RCRA and no inactive components.	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	
C. PREPARER INFORMATION 1. NAME Lisa Montgomery, Underground Resource Management 2. TELEPHONE NUMBER 512/328-0081 3. DATE (mo., day, & yr.) 12-5-83	

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (These sites which no longer receive waste.) <input type="checkbox"/> 3. OTHER (specify): _____ (These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code) 2869	
C. AREA OF SITE (in acres) 111.7797	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 29° 56' 58" 2. LONGITUDE (deg.-min.-sec.) 95° 01' 21"
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Plant buildings, garage, and maintenance	

SUPERFUND FILE  
OCT 23 1992  
REORGANIZED  
PRELIMINARY REPORT  
This does not constitute  
final opinion of EPA  
REVIEWED BY: \_\_\_\_\_

### I. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 3. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input checked="" type="checkbox"/> 6. OTHER (specify): They do not open the containers so not transporter. (Listed as transporter-open dump invent.)	<input checked="" type="checkbox"/> 6. OTHER (specify): Basin-concrete below grade	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

#### E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Plant has submitted Part A of RCRA which indicates no inactive hazardous industrial solid waste management facilities. All waste management facilities are covered by RCRA. Therefore, no further action is recommended at this site.

### V. WASTE RELATED INFORMATION

#### A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

#### B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

#### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. P005, U239, P030, D001, P106, P105, D003, U151, D002, K054, T30, T31, Active Industrial Solid Waste Registration

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT 1000 lbs./year	AMOUNT Unknown	AMOUNT Unknown	AMOUNT 20 2. 51,600 g.	AMOUNT (.05) 300 5-gal. cont.	AMOUNT 125
UNIT OF MEASURE lbs./year	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE 1. drums 2. gallons	UNIT OF MEASURE (lbs.) units/month	UNIT OF MEASURE lbm/year
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 1. phosphorus 11. ACIDS <input checked="" type="checkbox"/> 2. sulfuric	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify): Inorg. w/trace org. Active RCRA facility			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify): Process Effluent Underground Injection Active RCRA Facility
			(6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify): (broken thermometers) *composite containers Active RCRA Facility	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify): Active RCRA Facility		

V. WASTE RELATED INFORMATION (continued)

3. 1.15. SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Cyanide-bearing wastes  
 Amine solids - no longer generated  
 Process wastewater

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

1. NPDES PERMIT\*     2. SPCC PLAN     3. STATE PERMIT (specify): WDW-122 TX 30458  
 4. AIR PERMITS     5. LOCAL PERMIT     6. RCRA TRANSPORTER    EPA ID. No. TXD 04 3750512  
 7. RCRA STORER     8. RCRA TREATER     9. RCRA DISPOSER  
 \* NPDES permit cancelled at Penwalt's request.  
 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

1. YES     2. NO     3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): TX30458 See letter 7-26-82 Smith Parker

## VIII. PAST REGULATORY ACTIONS

- A. NONE     B. YES (summarize below)

As a result of TDWR industrial solid waste compliance inspection, Penwalt was cited for failure to list the drum storage area and cyanide tanks as on-site management facilities.

## IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE     B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Open dump inventory	12-17-82	State	Site inspection by TDWR for compliance

## X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE     B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Amend. of industrial solid waste registration	7-26-82	State	To add cyanide waste as stored and treated

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.